

CLAIMS ONLY						Application Number 107003a5	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1					51						
2		1				52						
3			1			53						
4				1		54						
5	1					55						
6		1				56						
7			1			57						
8				1		58						
9	1					59						
10		1				60						
11			1			61						
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13	1					63						
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45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
Total Indep	4					Total Indep						
Total Depend	16					Total Depend						
Total Claims	20					Total Claims						